DISASTER VICTIM/PATIENT TRACKING CHART

INCIDENT NAME	DATE/TIME PREPARED	OPERATIONAL PERIOD DATE/TIME

TRIAGE AREAS (IMMEDIATE, DELAYED, EXPECTANT, MINOR, MORGUE)

MR #/ Triage #	Name	Sex	DOB/Age	Area Triaged To	Location/Time of Diagnostic Procedures (X-Ray, Angio, CT, etc)	Time sent to Surgery	Disposition (Home, Admit, Morgue, Transfer)	Time of Disposition

Responsable Section : Operations